

— 2. — In case of more than one child at a birth, a separate form must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Yuma
District of _____
Town of _____
or _____
City of Miami

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 176
County Registrar No. 52
Local Registrar No. _____

2. Full name of child Maria Lopez
(If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. Legitimate? Yes 6. Date of birth Feb 26 - 1927
Month Day Year

8. FATHER
Full name Juan Lopez
9. Residence (Usual place of abode) Albuquerque N. Mex
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 28 (Years)

12. Birthplace (city or place) San Marcial
(State or country) N. Mex

13. Occupation Laborer
Nature of industry

14. MOTHER
Full maiden name Marcela Montoya
15. Residence (Usual place of abode) Miami Ariz
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 24 (Years)

18. Birthplace (city or place) Monticello
(State or country) N. Mex.

19. Occupation Housewife
Nature of industry

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 4 (b) Born alive but now dead None (c) Stillborn 2 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 6 P. m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature E. J. Sotelo M.D.
Address Miami Ariz
(Physician or midwife)

Given name added from a supplemental report. Month, day, year _____ Filed Mar 7, 1927 _____
Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

431-226-441